

ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT DIVISION
MAIL TO: P.O. BOX 33589, PHOENIX, ARIZONA 85067-3589
3550 North Central Avenue, Phoenix, Arizona 85012
Phone (602) 771-8585 Fax (602) 771-8688

**APPLICATION FOR PERMIT TO USE WATER TO FILL OR REFILL A BODY OF
WATER WITHIN AN ACTIVE MANAGEMENT AREA,
PURSUANT TO A.R.S. § 45-132 THROUGH A.R.S. § 45-134.**

I. INSTRUCTIONS:

1. This application should be used to obtain a permit to fill or refill a body of water in an Active Management Area for landscape, recreation, or scenic purposes.
2. Complete all appropriate items on this application and sign in the designated place.
3. Mail to P.O. Box 33589, Phoenix, AZ 85067-3589 or deliver in person to 3550 North Central Avenue, Phoenix, Arizona 85012.
4. Pursuant to A.R.S. § 45-113 and/or 45-133(C), the application fee is \$150.00 and the permit fee is \$50.00. The Department will require the permit fee prior to issuance of the permit.

FOR DEPARTMENT USE ONLY

Application/Permit No. _____
Filed _____
AMA _____
S/B _____ W/S _____

II. GENERAL DATA

1. Name of Applicant _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____ Telephone Number _____ E-mail address _____

2. Type of permit (check):
- Poor Quality Exemption (§ 45-132)
 - Initial Interim Use (§ 45-133)
 - Renewal of Interim Use Permit (§ 45-133) Existing Permit No. 59- _____
 - Temporary, Emergency Use (§ 45-134)

3. Location of body of water _____¹/₄ _____¹/₄ _____¹/₄, Section _____ Township _____ N/S, Range _____ E/W
_____ AMA

4. Amount of water to be used for:
- Poor Quality or Temporary/Emergency Permit is _____ acre feet per year.
 - Interim Use Permits/Renewals: Year #1 (**Initial Fill**) _____ (AF)
Calculation: _____ X _____ + volume of water to fill the lake _____
(surface area of the lake) (evaporation rate)

Year #2 _____ Year #3 _____ Year #4 _____ Year #5 _____

5. Right to source water:
- Poor quality water
Authority to withdraw groundwater _____

- Groundwater
Type 1 Non-irrigation Grandfathered Right No. _____
Type 2 Non-irrigation Grandfathered Right No. _____

Other: _____

- Surface Water
Permit or Certificate of Water Right No: _____
Decreed Right : _____
Name of water distributor: _____
Address _____
- Other sources of water _____

6. For poor quality water:

- Attach evidence proving no other beneficial use exists for the water and evidence of economic feasibility of transporting the water for beneficial use.
- Attach demonstration of management plan consistency.
- Attach plan or proposal for monitoring.
- What source will be used to fill or refill the body of water once water is determined to no longer be of poor quality without treatment?

7. For initial interim use permit or renewal of an interim use permit:

- Estimate of time required for effluent to be available to fill or refill the body of water _____ (Months).
- Provide easements for the on-site treatment facility or proof of access to an off-site treatment facility and for transportation of a permanent effluent supply.
- Provide name and location of treatment facility. _____
- Provide evidence of Arizona Department of Environmental Quality (ADEQ) approval for on-site treatment facility.
- Provide a copy of the recorded easements and the on-site treatment facility, if any, on the plat of record for the subdivision or development where the lake is located.
- Describe the means of transporting effluent from the treatment facility to the body of water.
- Provide plans demonstrating evidence that the body of water will be used to store effluent, which will be used for landscaping of common areas or other beneficial purposes which otherwise would have required groundwater or surface water.
- Provide a copy of a conservation program showing consistency with the management plan.

8. For temporary, emergency use:

- Provide evidence demonstrating that an emergency exists because of a threat to public health and welfare.
- Previous temporary, emergency Permit No: _____
- Describe actions owner took to reasonably prevent circumstances leading to issuance of previous temporary, emergency permit.
- Attach plan for monitoring.

9. A permit is requested for _____ days _____ months _____ years

I (we) _____ hereby affirm that all information provided in this application is true and correct to the best of my/our knowledge and belief.

(Signature)

(Date)